

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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<b>TOTAL DEP.</b>	16							<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>	19							<b>TOTAL CLAIMS</b>					